FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19 1998 8:00am Secretary of State

1998 DO : WENT # K66572

HARVEY INVESTMENTS, INC.

Principal Place of Business	Mailing Address
c/o Jay M. Cohen 121 E. Morse Blvd. Winter Park, FL 32789	c/o Jay M. Cohen 121 E. Morse Blvd. Winter Park, FL 32789

Principal Plac	Place of Business Mailing Address								
121 8	E. Morse Blvd.	M. Cohen c/o Jay M. Cohen Morse Blvd. 121 E. Morse Blvd. Park, FL 32789 Winter Park, FL 32789			,	DO NOT WRITE IN THIS SPACE			
Winte	er Park, FL 32789	winter Park,	Lim 1	3210	9	3. Date Incorporated or Qualified 2/13/89			
2. Principal f	rincipal Piace of Business 2a. Mailing Address					4. FEI Number		Ar	oplied For
	E. Morse Blvd.	26 121 E. Mor	se B	lvd.		59-2932275		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	1	5. Certificate of Status Desired	· 🗖		Additional
City & Sta	to	City & State				C Floring Commiss Signation			equired
_ ′	er Park, FL	28 Winter Par	k. Fl			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Ζιρ	Countr			8. This corporation owes or has pa	aid the curr		
24 3278			30 U.	SA		Personal Property Tax due June] No
	9. Name and Address of Current	Registered Agent	61	Name		10. Name and Address of New Re	gistered A	gent	
CORE	M JAV M			1 144					
	COHEN, JAY M. 121 E. Morse Blvd.				Address	(P.O. Box Number is Not Acceptate	ole)		
	er Park, FL 3278	9	83	 			· · · ·		
	1			0		······································		1-21	
	•		84	City			FL	85 Zip t	Code
Office or r	to the provisions of Sections 607 0502 registered agent, or both, in the State of familiar with, and accept the obligation	l Florida. Such change was at	uthorized b	v the cor	d corpora poration	ation submits this statement for the p is board of directors. I hereby accep	ourpose of out the appo	changing its intment as	s registered registered
SIGNATURE	Signature Typed or proted name of tegistered agent	and title if apple able (NOTE	Registered Ag	ent signaturi	e required w	hen reinstating)	DATE	···	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	COHEN, Jay M.	N	1 2 NAME						i
STREET ADDRESS	125 E. Webster			1 ADDRESS					
CITY-ST-ZIP	DELETE			ST-ZIP				7.05	A 4 8 9 1
NAME	1 3(P_1)		2 1 TITLE 2 2 NAME				,	Change	☐ Addition
STREET ADDRESS				ADDRESS	1				
CITY - ST - ZIP			2. 4 CHTY-						
TITLE			3.1 TITLE	<u> </u>	1			Change	Addition
NAME	KAPLAN, Leslie	A . 32 No							
STREET ADDRESS	5150 Oakhill Dr	ive	3.3 STREE	ADDRESS					•
CITY - ST - ZIP	Winter Park, FL	32792	3 4. C(1)	S! - ZIP	ļ				
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					

4 4 CHTY - ST - ZIP

5 3 STREET ADDRESS

6.3 STREET ACCRESS

5.4 C(TY - S1 - ZIP

5 1 TITLE

5 2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

14. I hereby certify that the informindicated on this annual reproficer or director of the corr Block 12 or Block 13 if characters.

not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

☐ Addition

Addition

2/13/98 407/644-1181

800002434888 -02/19/98--01013--030

***150,00

Change